CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
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LOS ANGELES CITY ETHICS COMMISSION
MAR 22 2021
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Please type or print in ink.

NAME OF FILER (LAST): WILLIAMS (FIRST): MARY (MIDDLE): LINN

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
POLICE COMMISSION
Division, Board, Department, District, if applicable

Your Position: Hearing Examiner

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*
Agency: BOARD OF CIVIL SERVICE COMMISSIONERS Position: Hearing Examiner

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☐ Multi-County
- ☐ County of
- ☒ City of LOS ANGELES
- ☐ Other

3. Type of Statement *(Check at least one box)*

- ☒ **Annual:** The period covered is January 1, 2020, through December 31, 2020.
  -or-
  The period covered is __/__/__, through December 31, 2020.
- ☐ **Assuming Office:** Date assumed __/__/__
- ☐ **Leaving Office:** Date Left __/__/__ *(Check one circle.)*
  - ○ The period covered is January 1, 2020, through the date of leaving office.
  - -or-
  - ○ The period covered is __/__/__, through the date of leaving office.
- ☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1:

4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* ____

Schedules attached

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or- ☒ ***None*** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET: 8512 TUSCANY Ave. # 210 CITY: Playa del Rey STATE: CA ZIP CODE: 90293

DAYTIME TELEPHONE NUMBER: (310) 488-9792

EMAIL ADDRESS: mlwcajd@aol.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 14, 2021 *(month, day, year)*

Signature Mary L. Williams *(File the originally signed paper statement with your filing official.)*

Print Clear